Debtor 1	Maurice L. Harsh	
Debtor 2 (Spouse, if filing)	Kelly J. Harsh	
United States Bankru	ptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA	
	20-bk-02309	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form	า 106I	MM / DD/ YYYY
Schedule I:	Your Income	12/19
supplying correct inf spouse. If you are se	accurate as possible. If two married people are filing together (Delformation. If you are married and not filing jointly, and your spouse parated and your spouse is not filing with you, do not include info eet to this form. On the top of any additional pages, write your nan	e is living with you, include information about your promation about your spouse. If more space is needed,
Part 1: Descri	be Employment	

Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. If you have more than one job, ■ Employed Employed **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation Unemployed LPN Include part-time, seasonal, or **Employer's name Claremont Nursing & Rehab Center** self-employed work. Occupation may include student **Employer's address** 1000 Claremont Road or homemaker, if it applies. Carlisle, PA 17013 How long employed there? 12 years

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

0.00

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 5,789.94 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 5,789.94

Official Form 106I Schedule I: Your Income page 1 Doc 36 Filed 10/19/20 Entered 10/19/20 11:18:37 Case 1:20-bk-02309-HWV Desc

Page 1 of 4

Main Document

Case number (if known)

1:20-bk-02309

				For	For Debtor 1		Debtor 2 or Filing spouse	
	Сору	r line 4 here	4.	\$	0.00	\$	5,789.94	
5.	List a	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	1,203.91	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	289.51	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	0.00	\$	147.72	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00	\$	68.36	
	5h.	Other deductions. Specify:	_ 5h.+	\$	0.00	\$	0.00	
6.	Add t	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	1,709.50	
7.	Calcu	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	4,080.44	
8.	List a 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	<u> </u>	2,036.66	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	_ 8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	_ 8h.+	\$	0.00	\$	0.00	
9.	Add a	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,036.66	\$	0.00	
10.	Calcu	ulate monthly income. Add line 7 + line 9.	0. \$	2	2,036.66 + \$	4.08	80.44 = \$ 6,1	17.10
		he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			, 	,	,	
11.	State Include other	e all other regular contributions to the expenses that you list in <i>Schedule</i> and de contributions from an unmarried partner, members of your household, your of friends or relatives. It includes any amounts already included in lines 2-10 or amounts that are not a	depen		•		thedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines						17.10
13	Do vo	ou expect an increase or decrease within the year after you file this form?	,				Combined monthly inc	ome
10.		No.						
		Yes. Explain: Debtor was left go from his employment. He is so accordingly when he is able to secure a new job.	eekin	g new	v employment	and w	vill amend	

Official Form 106I Schedule I: Your Income page 2 Case 1:20-bk-02309-HWV Doc 36 Filed 10/19/20 Entered 10/19/20 11:18:37 Desc

FIII	in this inform	ation to identify yo	our case:					
Deb	otor 1	Maurice L. H	larsh			Che	eck if this is:	
							An amended filing	
	otor 2	Kelly J. Hars	sh				A supplement show 13 expenses as of	wing postpetition chapter
(Spo	ouse, if filing)						13 expenses as or	the following date:
Unit	ed States Bank	cruptcy Court for the	: MIDDLI	E DISTRICT OF PENNSYL	_VANIA		MM / DD / YYYY	
		:20-bk-02309						
(If k	nown)							
O	fficial Fo	orm 106J						
		J: Your	 Fxner	1929				12/15
Be info	as complete ormation. If r	and accurate as	s possible eded, atta	. If two married people ar ich another sheet to this				or supplying correct
		ribe Your House	hold					
1.	Is this a joi							
	□ No. Go t		_					
	■ Yes. Do	es Debtor 2 live i	in a separ	ate household?				
	■ 1		st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate Househ	nold of De	btor 2.	
2.	Do you hav	ve dependents?	□ No					
	Do not list [Debtor 2.	Debtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Developed							□ No
	Do not state dependents				Daughter		19	■ Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
							<u> </u>	□ No
								☐ Yes
3.		penses include		No				
		of people other the design of people of the design of the	han $_{\square}$	Yes				
	yoursen ar	ia your depende	IIIS f					
Est exp	imate your e	a date after the l	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this followers	rm as a s J, check t	upplement in a Cha	apter 13 case to report of the form and fill in the
•								
				government assistance i cluded it on <i>Schedule I:</i> Y				
(Of	ficial Form 1	061.)					Your exp	enses
4.		or home owners		ses for your residence. In	nclude first mortgage	4.	\$	1,343.96
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		erty, homeowner's	s, or renter	's insurance		4b.	·	60.00
		e maintenance, re				4c.	· —	230.00
		eowner's associat	•			4d.	\$	0.00
5.	Additional	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00

Official Form 106J Schedule J: Your Expenses page 1

6. Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewert, garbage collection 6c. Telephone, cell phone, Intermet, satellite, and cable services 6c. S 480,00 6d. Other, Spacity: 6d. S 0,000 7. Food and housekeeping supplies 7. S 1,050,000 8. Childcare and children's education costs 8. S 0,000 9. Clothing, laundry, and dry cleaning 9. S 25,000 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 10. S 50,00 11. Medical and dental expenses 11. S 335,20 12. Transportation, include gas, maintenance, bus or train fare. Do not include care payments. 12. S 375,00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. S 20,000 14. Charitable contributions and religious donations 14. S 0,000 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. S 55,000 15b. Health insurance 15c. S 369,00 15c. Vehicle insurance 15c. S 369,00 15d. Other insurance. Specify: 15c. Vehicle insurance 15d. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance 15c. S 369,00 15d. Other insurance specify: 15d. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Vehicle insurance 15d. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Vehicle insurance 15d. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Vehicle insurance 15d. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Vehicle insurance 15d. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Vehicle insurance 15d. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Vehicle insurance 15d. S 0,000 17d. Carpayments for Vehicle 1 17d. S 0,000 17d. Carpayments for Vehicle 1 17d. S 0,000 17d. S 0,000 17d. Other, Specify: 17d.	Debtor 1 Debtor 2		Maurice L. Harsh Kelly J. Harsh	Case num	ber (if known)	1:20-bk-02309	
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24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.

☐ Yes.

Explain here: Debtor is diabetic. Joint debtor travels over 100 miles each work day. The Debtors both have older vehicles and it is anticipated that at least one if not both vehicles may need replaced during the pendency of this case.